

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M82929**

**(4)**

1. Corporation Name

**OPTICAL ILLUSIONS, INC.**

Principal Place of Business

**14543 CORTEZ BLVD.  
BROOKSVILLE FL 34613**

Mailing Address

**14543 CORTEZ BLVD.  
BROOKSVILLE FL 34613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/26/1988**

3a. Date of Last Report

**03/14/1994**

4. FET Number

**59-2902173**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**SASSER, DAVID C.  
29 SOUTH BROOKSVILLE AVENUE  
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>DVS</b>                  |
| NAME           | <b>CACIOPPO, LEONARD R.</b> |
| STREET ADDRESS | <b>14543 CORTEZ BLVD.</b>   |
| CITY, ST, ZIP  | <b>BROOKSVILLE FL</b>       |
| TITLE          | <b>TP</b>                   |
| NAME           | <b>CACIOPPO, LEONARD R.</b> |
| STREET ADDRESS | <b>14543 CORTEZ BLVD.</b>   |
| CITY, ST, ZIP  | <b>BROOKSVILLE FL</b>       |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as directed, or on an attached document with an address.

SIGNATURE:

*Leonard R. Cacioppo, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**LEONARD R. CACIOPPO, M.D.**

**4/12/95**

**904-596-1132**

Date

Telephone Number